

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/556,387
FILING DATE _____
APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	/	/	/	/	/		51					
2		/	/					52					
3			/					53					
4								54					
5								55					
6			/					56					
7	/		/					57					
8		/	/					58					
9								59					
10								60					
11			(1)					61					
12			(1)					62					
13								63					
14	/							64					
15		/						65					
16		/						66					
17	/							67					
18		/						68					
19		/						69					
20	/							70					
21		/						71					
22		/						72					
23		/						73					
24								74					
25								75					
26								76					
27								77					
28								78					
29								79					
30								80					
31								81					
32								82					
33								83					
34								84					
35								85					
36								86					
37								87					
38								88					
39								89					
40								90					
41								91					
42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.	3							TOTAL IND.					
TOTAL DEP.	0							TOTAL DEP.					
TOTAL CLAIMS	9							TOTAL CLAIMS					